

HAWAII STATE ETHICS COMMISSION

or P.O. BOX 616, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470 email: ethics@hawaiiethics.org

email: ethics@hawaiiethics.org Web site: www.hawaii.gov/ethics

NOTE: This is a public document.

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LOBBYIST REGISTRATION FORM

(IVI STATE OF HAWAII
STATE FIBIOS COMMISSION

	(Type or P	rint Clearly)	STATE ETHICS COMMISSION
PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Matsunaga	Matthew	M	808-523-6061
MAILING ADDRESS (Street)	H. M		FAX 808-523-6030
745 Fort Street, Suite 1500			EMAIL MMATSUNAGA@SCHLACKITO.COM
(City)	(State)		(Zip Code)
Honolulu	HI		96813
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			o lobby) TELEPHONE
Schlack Ito			808-523-6040
MAILING ADDRESS (Street)			FAX 808-523-6030
745 Fort Street, Suite 1500			EMAIL MMATSUNAGA@SCHLACKITO.COM
(City)	(State)		(Zip Code)
Honolulu	HI		96813

PART II ORGANIZATI	ON	
NAME OF ORGANIZATION Y	TELEPHONE 808-723-5708	
PJY Enterprises, LLC		
MAILING ADDRESS (Street) 98-402 Koauka Loop, Unit 1503		FAX EMAIL PJYENTERPRISES@AOL.COM
Aiea	HI	96701
NAME OF PERSON RESPONSIB	TELEPHONE	
Tracy T. Yoshimura	808-723-5708	
MAILING ADDRESS (Street)		FAX
98-402 Koauka Loop, Unit 1503		EMAIL PJYENTERPRISES@AOL.COM
(City)	(State)	(Zip Code)
Aiea	HI	96701

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
Agriculture	Education	☐ Human Services ☐ Science, Technology & Economic Development				
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation			
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	☐ Transportation			
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & Water Use Management	Other: (indicate below)			
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections				
PART IV CERTIFICATION	N OF LOBBYIST					
I hereby certify that the	information furnished above	e is, to the best of my knowled	dge, correct and complete.			
Matthew M. Matsungea 2/13/13						
	(Signature of Lobbyist)		(Date)			
PART V AUTHORIZATION TO LOBBY						
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED					
Tracy T. Yoshimura	Manager					
NAME OF ORGANIZATION (if ap	plicable)		TELEPHONE			
PJY Enterprises, LLC	8		308-723-5708			
MAILING ADDRESS (Street)			FAX			
			EMAIL JYENTERPRISES@AOL.COM			
(City)	(State)		(Zip Code)			
Aiea	HI		96701			
I hereby authorize the a	above - named person to en	gage in lobbying activities on	behalf of the undersigned.			

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(Date)

(Signature of Authorizing Officer or Person Represented)